OUT OF STATE TRAVEL REQUEST AND AUTHORIZATION

	Shaded Areas for Dept, Institution or Agency Use	☐ Out of State ☐ Out of Country
TRAVELER INFORMATION: NAME:		TITLE:

PHONE:	EMAIL ADDRESS:	**FUNDING SOURCE:** General _____% Cash Fund _____% Cash Funds Exempt _____% Federal _____% Personal/Employee _____%

FUND:	**AGENCY:**	**ORG:**	**APPR:**	**PROGRAM:**	**FUNCTION:**	**OBJ:**	**SUB-OBJ:**	**GBL:**	**RPTG:**

ORIGINATION	DESTINATION	**DEPARTURE** DATE / / TIME	**RETURN** DATE / / TIME

ESTIMATED EXPENDITURES		**MAXIMUM AUTHORIZED EXPENDITURE**	
TRANSPORTATION – AIR	$	TRANSPORTATION – AIR	$
TRANSPORTATION – OTHER	$	TRANSPORTATION – OTHER	$
LODGING	$	LODGING	$
MEALS	$	MEALS	$
REGISTRATION FEE IF ANY	$	REGISTRATION FEE IF ANY	$
INCIDENTAL EXPENSES	$	INCIDENTAL EXPENSES$	$
TOTAL	$ 0.00	**TOTAL MAXIMUM AUTHORIZATION**	$
		For Which Reimbursement Can Be Obtained	$ 0.00

METHODS OF PAYMENT:

☐ State ONE Card ☐ State Central Travel Card ☐ State IB Travel Card ☐ Central Travel Account for Airfare

AIRLINE (VENDOR NAME)

RENTAL CAR AGENCY (VENDOR NAME)

☐ AVIS ☐ BUDGET ☐ ENTERPRISE ☐ NATIONAL ☐ HERTZ ☐ N/A ☐ OTHER_____

PURPOSE AND JUSTIFICATION OF TRAVEL

☐ NON-CONFERENCE RELATED ☐ CONFERENCE RELATED – NAME OF CONFERENCE_____

IDENTIFY PERSONS AND/OR ORGANIZATIONS TO BE CONTACTED (THIS FORM MUST BE SUBMITTED TO THE GOVERNOR'S OFFICE FOR REVIEW. IF TRAVEL IS FOR WASHINGTON D.C., THE FORM MUST SPECIFY CONTACTS WITH ANY MEMBER OF CONGRESS, HIS OR HER STAFF, OR FEDERAL GOVERNMENT DEPARTMENT OR AGENCY PERSONNEL.)

NAMES	**TITLE**	**ORGANIZATION**	**TOPIC**

SIGNATURE OF TRAVELER _____ **DATE** / /

☐ **APPROVED** ☐ **DISAPPROVED**	**SIGNATURE OF APPOINTING AUTHORITY**	**DATE** / /
☐ **APPROVED** ☐ **DISAPPROVED**	**SIGNATURE OF EXECUTIVE DIRECTOR (OR DELEGATE)**	**DATE** / /

DPA/STMP/February 16, 2012

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